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07/23/2009 03:59:22 PM
3 Pages FILED
MISCELLANEOUS FILING
Kathlean A Marchione Saratoga Co Clerk

Date: June 8, 2009

TO:

Internal Revenue Service

Technical Services Advisory Group ATTN: George Checksfield, Manager 130 S. Elmwood Ave., Suite 100 Buffalo, New York 14202-2464

FROM: Barbara Jean Jeske

P.O. Box 5495

Clifton Park, New York 12065

SSN or EIN: (None recorded on the "Notice

Of Federal Tax Lien")

RE: Release of "Notice of Federal Tax Lien" pursuant to 26 CFR, Section 401.6325

NOTICE OF DEFAULT

Dear Mr. Checksfield:

Having received no response to my request dated May 2nd, 2009, and received by you on May 11, 2009 this serves as Notice that you are now in Default. Your silence assumes agreement with the 14 points given as grounds for the alleged "Notice of Lien" being legally unenforceable. This being true and correct, please issue a **Certificate of Release** regarding alleged "Notice of Federal Tax Lien", fraudulently recorded on April 11, 2008 by the Saratoga County Clerk's Office in Saratoga County, New York as Instrument #2008024129 with Serial #437452308, immediately.

Sincerely,

Barbara Jeske

Notarization and Notice of document being made part of permanent record on Page 2

Dated: June 9 2009

By: Barbara J Jeske

Acknowledgment

New York State)) Sworn and S	ubecribed:	For verif	lcation purposes only
SUBSCRIBED AND SWORD) N TO before me by	Berban J	exce	, known to me or proven to
me to be the real woman signi WITNESS my hand and offici		3_4=	day of _	, 20 09
NOPARY PUBLIC	3	DATE 7,2	1009	(Seal)
My commission expires:		, 20	_ (Stam	p)

DAWN L. MORRISON
Notary Public, State of New York
Qualified in Saratoga County
No. 01MO6084818
My Commission Expires Dec. 16, 20 ()

You hereby have private NOTICE that this entire document must be filed as a permanent part of the IRS/TDA/AIMS/IMF/23C record for TIN

If such record(s) have been deleted or substituted, this demand still applies to said records by whatever name they are now known.

Recorder's initials:

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Pinit you	name, address, and ZIP	Code in this box is Jim
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*	BARBARA JESK	
400	C/O P.O. BOX 54 CLIFTON PARK,	
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SENDER:	I also wish to receive the follow-
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b.	ing services (for an extra fee):
Print your name and address on the reverse of this form so that	
card to you. Di Atlach this form to the front of the mailpiece, or on the back if sp	1. Addressee's Address
permit.	✓ I Z. ☐ Restricted Delivery
□ Write "Return Receipt Requested" or the maintage below the a □ The Return Receipt will show to whom the article was delivered delivered.	and the date
3. Article Addressed to: 1. R.S. 70	01 1940 0006 3976 6487
Attn: Geo. Checksfield, Mange	
Attn: Go Charles	. 4b. Service Type ☐ Registered ☐ Cariffied
CONSTRUCT MANGE	
130 S. & Imwood Ave. Ste 100	☐ Express Mail ☐ Insured
Buffalo, NY	☐ Return Receipt for Merchandise ☐ COD
DOISHOL MANA SALA	7. Date of Deliver
14202-2414	124/09
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
	· ·
Signature (Addresses or Agent)	1
6. Signature (Addresses or Apent) PS Form 3811, December 1994	<u>L</u>